

FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME PAULINE MADSEN
3. (b) If veteran, name war None **3. (c) Social Security No.** _____

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Eugene **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Aug. 29 1918
(Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business _____

MOTHER FATHER
12. Name William Marklan
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Scheerer
15. Birthplace Tipton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Madsen
(b) Address 1719 Market St.

17. (a) Burial **(b) Date thereof** 6-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 8 1948 J. F. Budeck
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1719 Market St.
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3rd
year 1948 hour 4 minute 25 P M.
21. I hereby certify that I attended the deceased from 5/31/48
_____, 19____, to June 3rd, 1948,
that I last saw her er alive on June 3rd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute hemorrhagic Pancreatitis
Due to _____
Due to _____
Other conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy Acute hemorrhagic Pancreatitis
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Means of injury)
23. Signature Dr. Donald S. Crafton, M.D.
1915 Lafayette 6/14/48
Address (M.D. or other) Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard W. Stovesand
Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.